



Retailer Letter of Agreement / Consent to Use Logo

I acknowledge that I am entering into a non-binding referral relationship with the following Service Provider through the My Flooring Warranty program:

Service Provider you've selected is: _____

Your Store Name: _____

Buying Group Member? Y / N Group: _____

Network/Aligned Retailer? Y / N Group: _____

Total Number of PT / FT Sales Staff in your Organization: ☐ 1 - 4 ☐ 5 - 8 9+ ☐

I also acknowledge that a representative from My Flooring Warranty will periodically contact me to ensure that the program is operating correctly and both parties are satisfied with the relationship.

All the data collected will be made available to both service provider and retail partner in this program. My Flooring Warranty agrees to never sell, rent or use this information without the expressed and written consent of the retailer partner. Should you, for any reason, decide to cancel your participation in the My Flooring Warranty Program, your consumer's information will be returned to you and all internal files will be eliminated.

I agree and acknowledge that Providence Inc. dba My Flooring Warranty has my expressed permission to list my corporate logo, brand and/or service mark publically on participating websites and in various digital and print materials.

I understand that I may cancel my relationship with both parties at any time and without cause.

Dated this _____ day of _____, 20_____

Authorized Contact Signature

Authorized Contact Name (Please Print)

Your Address: _____ **Phone:** _____

City, State, Zip: _____ **Fax:** _____

Primary Email: _____

Secondary Email: _____

Retailer Website: _____

LOGO REQUIREMENTS: Please provide your corporate logo in an EPS (**vector with type/fonts outlined**) electronic format. If you are unable to provide it in this format, a JPEG of your corporate logo will be sufficient, but a logo reformatting fee of \$150 will be incurred.

Please email your logo to: clientcare@myflooringwarranty.com

Please return signed document to Providence Inc.

Mail to: 920 West Prairie Drive, Sycamore, IL. 60178 **OR** Fax to: (815) 991-9153